



Certificate of Completion
IS HEREBY GRANTED TO

April McCreery

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Medical Training

TYPE OF TRAINING

10/28/21

COMPLETION DATE

A. W. [Signature]

TRAINER SIGNATURE



Certificate of Completion
IS HEREBY GRANTED TO

Ashley Pearson

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Medical Training

TYPE OF TRAINING

10/28/21

COMPLETION DATE

T. Wenzel

TRAINER SIGNATURE



Certificate of Completion
IS HEREBY GRANTED TO

Adrianna Pantano

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Medical Training

TYPE OF TRAINING

10/28/21

COMPLETION DATE

ST. Vincent

TRAINER SIGNATURE



Certificate of Completion
IS HEREBY GRANTED TO

Mandy Betancourt

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Medical Training

TYPE OF TRAINING

10/28/21

COMPLETION DATE

St. Vincent

TRAINER SIGNATURE